Complete Summary

TITLE

Atrial fibrillation: the percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.

RATIONALE

Atrial fibrillation (AF) is common and an important cause of morbidity and mortality. The age specific prevalence of atrial fibrillation is rising, presumably due to improved survival of people with coronary heart disease (the commonest underlying cause of AF (Psaty et al., Circulation 1997). One percent of a typical practice population will be in AF; 5 percent of over 65s, and 9 percent of over 75s. Atrial fibrillation is associated with a fivefold increase in risk of stroke (Wolf et al., Stroke 1991). This measure is one of three Atrial Fibrillation measures.

There is strong evidence that stroke risk can be substantially reduced by warfarin (approximately 66 percent risk reduction) (Arch Intern Med 1994) and less so by aspirin (approximately 22 percent risk reduction) (Antithrombotic trialists' collaboration, BMJ 2002). Warfarin in particular is under-used for stroke prevention in AF. A NICE costing report accompanying the recommendations for AF treatment in 2006 estimated that nationally 355,312 patients with AF should be on warfarin (i.e. all of those assessed as high risk, half of those at moderate risk, and none of those at low risk, using the NICE stroke risk stratification algorithm, and if not contraindicated), or an additional 165,946 patients who were not receiving this treatment – almost 50% of those estimated as requiring warfarin. Thus there is clearly a need to encourage the use of this treatment for AF patients at high risk of stroke. Furthermore, recent evidence from the BAFTA trial (Mant J et al., Lancet 2007) and the ACTIVE-W (Healey JS et al., Stroke 2008) study suggests not only is warfarin much more effective than aspirin, but that it is not as unsafe – in terms of risk of serious haemorrhage – as previously thought (though it would be useful to ascertain if these findings are replicated elsewhere using an appropriate meta-analysis).

Nevertheless, a significant proportion of AF patients – depending on the particular risk stratification scheme selected this can be the majority of people with AF – are not considered to be at high risk of stroke, though clearly this does not mean their risk of stroke is non-existent. Therefore, any treatment indicator (or set of indicators) should not focus solely on the high risk group, if that means the large group considered at moderate risk (or even those at low risk) are then excluded from their treatment being monitored. The NICE atrial fibrillation guidelines (Royal College of Physicians, Atrial Fibrillation National Clinical Guideline for Management in Primary and Secondary Care 2006) suggest that for those at moderate risk, 'anticoagulation or antiplatelet therapy should be prescribed depending upon patient preference after discussion of risks and benefits'. This guidance therefore enables the clinician and patient to decide on the preferred regime, taking risks and benefits of both treatments (i.e., anticoagulant and antiplatelet therapy) into account, for all AF patients, whatever their category of stroke risk.

Anti-coagulation or anti-platelet therapy would not necessarily be indicated if the episode of AF was an isolated event that was not expected to re-occur (e.g., one of AF with a self-limiting cause).

For the purposes of the Quality and Outcomes Framework (QOF), acceptable anti-coagulation agents are warfarin and phenindione, acceptable anti-platelet agents are aspirin, clopidogrel and dipyridamole.

PRIMARY CLINICAL COMPONENT

Atrial fibrillation; stroke risk; anticoagulant (warfarin, phenindione) drug therapy; anti-platelet (aspirin, clopidogrel, dipyridamole) drug therapy

DENOMINATOR DESCRIPTION

Patients with atrial fibrillation

NUMERATOR DESCRIPTION

Number of patients from the denominator who are currently treated with anti-coagulant drug therapy or an anti-platelet drug therapy*

*__Note__: Include patients whose records show they have been prescribed anti-coagulant or an anti-platelet drug therapy in the previous six months. Acceptable anti-coagulation agents are warfarin and phenindione; acceptable anti-platelet agents are aspirin, clopidogrel, and dipyridamole.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Atrial fibrillation. National clinical guideline for management in primary and secondary care.
- Cardiac arrhythmias in coronary heart disease. A national clinical guideline.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with atrial fibrillation*

*__Note__: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients with atrial fibrillation

Exclusions
See "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator who are currently treated with anti-coagulant drug therapy or an anti-platelet drug therapy*

*__Note__: Include patients whose records show they have been prescribed anti-coagulant or an anti-platelet drug therapy in the previous six months. Acceptable anti-coagulation agents are warfarin and phenindione; acceptable anti-platelet agents are aspirin, clopidogrel, and dipyridamole.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record
Pharmacy data
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

AF 3. The percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.

MEASURE COLLECTION

Quality and Outcomes Framework Indicators

MEASURE SET NAME

Atrial Fibrillation

DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Feb

REVISION DATE

2009 Mar

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

MEASURE AVAILABILITY

The individual measure, "AF 3. The Percentage of Patients with Atrial Fibrillation Who Are Currently Treated with Anti-coagulation Drug Therapy or an Anti-platelet Therapy," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

NQMC STATUS

This NQMC summary was completed by ECRI on November 14, 2006. The information was verified by the measure developer on November 29, 2006. This NQMC summary was updated by ECRI Institute on January 28, 2009. This NQMC summary was updated again by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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